





## **COMBINED DECLARATION AND POWER OF ATTORNEY** FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;			
I believe I am the original, first and sole inventor inventor (if plural names are listed below) of th sought on the invention entitled:			
Interference Estimation in CDM	IA Systems Using Alto	ernative Scramb	oling Codes
the specification of which (check only one item	below):		
is attached hereto, and was amended	on	(if appli	icable).
was filed as United States application	number 10/700,855	on November	4, 2003
and was amended on	(if applicab	le).	-
was filed as PCT international applicat	ion number		on
and was amended on	(if applicab	le).	
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.			
I acknowledge the duty to disclose to the Office defined in Title 37, Code of Federal Regulation		n to me to be m	aterial to patentability as
I hereby claim foreign priority benefits under Ti foreign application(s) for patent or inventor's coleast one country other than the United States foreign application(s) for patent or inventor's coleast one country other than the United States filing date before that of the application(s) of w	ertificate or of any PC of America listed belo ertificate or any PCT i of America filed by m	T international above and have als international appearance on the same s	ipplication(s) designating at o identified below any slication(s) designating at
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRI	ORITY CLAIMS UNDER 3	5 U.S.C. §§119(a)-(	d), 172 or 365:
COUNTRY (if PCT, indicate "PCT") APPLICATION N	_	OF FILING DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
			☐ Yes ☐ No
			Yes No
			Yes No
			Yes No
		<u> </u>	☐ Yes ☐ No☐ Yes ☐ Yes ☐ No☐ Yes ☐ Yes ☐ No☐ Yes ☐ Y
		· · · · · · · · · · · · · · · · · · ·	Yes No
			☐Yes ☐No

Application N	No. <u>10/700,855</u>
Attorney Docket No.	040072-247

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR		
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GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME	
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Application No.	10/700,855
Attorney Docket No.	040072-247

NAME OF FOURTH INVENTOR		
GIVEN NAME (first and middle (if any))	FAMILY NAME O	DR SURNAME
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address Including	g City, State, Zip & Country)	
NAME OF FIFTH INVENTOR		
GIVEN NAME (first and middle (if any))	FAMILY NAME C	DR SURNAME
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including NAME OF SIXTH INVENTOR	g City, State, Zip & Country)	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME	
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address Including	g City, State, Zip & Country)	
NAME OF SEVENTH INVENTOR	·	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME	
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including	g City, State, Zip & Country)	

Application No.	_10/700,855
Attorney Docket No.	040072-247

NAME OF EIGHTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address Inclu	ding City, State, Zip & Country)
NAME OF NINTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address included)	ding City, State, Zip & Country)
NAME OF TENTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
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☐ Additional inventors are being named on the Supple	emental Additional Inventor(s) Sheet(s) attached hereto.